


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000108569		
1. Entity Name GOODSENSE CELLULARS & ELECTRONICS INC.		

FILED

07 JAN 26 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06-07

Principal Place of Business 1083 W 29TH ST HIALEAH, FL 33012	Mailing Address 1083 W 29TH ST HIALEAH, FL 33012
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2. Principal Place of Business - No P.O. Box # 11865 SW 26th St Suite, Apt. #, etc. A-2 City & State MIAMI FL Zip 33175 Country USA	3. Mailing Address 11865 SW 26th St Suite, Apt. #, etc. A-2 City & State MIAMI, FL Zip 33175 Country USA
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4. FEI Number 26-012 3313	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARROCHA, CARMEN 1083 W 29TH ST HIALEAH, FL 33012 ADDRESS Change ONLY	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11865 SW 26th St A2 MIAMI, FL City FL Zip Code 33175
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Carmen Arrocha</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 1-25-07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARROCHA, PEDRO M 1083 W 29TH ST HIALEAH, FL 33012 address Change ONLY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11865 SW 26th St A2 MIAMI FL 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARROCHA, CARMEN 1083 W 29TH ST HIALEAH, FL 33012 address Change ONLY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11865 SW 26th St A-2 MIAMI FL 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400086466514 01/30/07--01003--009 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	K. Eckel JAN 26 2007 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Carmen Arrocha</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1-25-07 Daytime Phone #